



Prior authorization (PA) 101

2021 Indiana Health Coverage
Programs (IHCP) Works virtual seminar



Terms

- **PLUTO** — Prior Authorization Lookup Tool
- **UM** — Utilization management
- **MPA** — Medicaid prior authorization
- **ICR** — Interactive Care Reviewer
- **TAT** — Turnaround time



Outpatient utilization management (UM)

AIM Specialty Health® (AIM)*

National Customer Care/
Medicaid prior authorization
(MPA)

Outpatient (OP)
prior authorization (PA)

Inpatient (IP) continued
stay review



Case management
(CM)

Behavioral health
(BH)

Dental/
vision

Pharmacy/
IngenioRx*

UM (cont.)

UM teams:

- **Health plan outpatient UM team:**
 - Manager — Terrie Sproat, RN
 - Team lead
 - Clinicians
 - Non-clinicians
- **MPA UM team:**
 - Extension of health plan
 - Managers
 - Team leads
 - Clinicians
 - Non-clinicians

UM (cont.)

Health plan will review:

- Home health
- Home infusion
- Wound care
- Durable medical equipment (rental/purchase)
- Out-of-network
- Some pain management (pain blocks)
- Various OP procedures
- Any request that a vendor (shared service) is unable to review or complete

UM — MPA

MPA team will review:

- Surgery:
 - Elective preplanned inpatient
 - Elective OP procedures (vein stripping/skin grafts)
- Office visits
- Drug testing

Review process:

- For CPT[®] codes that require PA:
 - Use the precertification lookup tool at <https://providers.anthem.com/in> > Claims > Precertification Lookup Tool to determine if PA is required.
 - Submit PA requests via the Interactive Care Reviewer (ICR) at <https://www.availity.com>.
 - Fax your completed *Indiana Health Coverage Programs (IHCP) PA Form* to:
 - **844-765-5157** for health plan reviews.
 - **866-406-2803** for MPA reviews.

UM (cont.)

Once the request is received:

- A case is built and sent for clinical review:
 - If missing required elements to build the case (diagnosis, CPT codes, member information, provider information NPI /Tax ID) the request will be faxed back to the provider with an explanation of the missing elements.
- A clinician will review the request per the clinical guideline/medical policy:
 - If criteria is met, the case is approved:
 - A decision notification is sent via mail.
 - If criteria is not met, the case is sent to the medical director (MD) for medical review.

UM (cont.)

- Once the medical review is completed, the case is sent back to the clinician for completion:
 - If MD approved: notification sent via mail.
 - If MD denied: notification faxed to the provider in addition to the mailed notification letter.
 - The decision letter is mailed to the address the provider has registered with Anthem.

UM (cont.)

Timeliness of UM decisions:

- Turnaround time (TAT):
 - Standard pre-service (non-urgent): seven calendar days from the received date.
 - Urgent pre-service: three calendar days from the received date.
- Time frames to request reconsideration or peer to peer (P2P) of denied services:
 - Reconsideration: within seven business days of denial date
 - P2P: within seven business days of a denial date (initial or reconsideration)
 - Appeals: within 60 calendar days of denial date



Inpatient UM

Inpatient UM

Inpatient UM teams:

- **Health plan Inpatient UM team:**
 - Manager — Tara Wallace, RN
 - Manager — Kasey Reisman, RN
 - Team leads
 - Clinicians
 - Non-clinicians
- **MPA UM team:**
 - Extension of health plan
 - Managers
 - Team leads
 - Clinicians
 - Non-clinicians

Inpatient UM (cont.)

Health plan Inpatient UM team will review:

- **Acute care:**
 - Initial and concurrent review of emergent inpatient admissions
 - Concurrent review of planned admissions
 - Initial and concurrent review of obstetrical admissions
 - Initial and concurrent review of neonatal intensive care unit admissions
 - Non-emergent, planned transfers between acute facilities
- **Post-acute care:**
 - Pre-service and concurrent review for post-acute levels of care

Inpatient UM (cont.)

MPA team will review:

- Elective inpatient surgical admissions

Inpatient UM (cont.)

Timeliness of UM decisions:

- Emergent inpatient admissions and concurrent review:
 - One business day from received date of all clinical information necessary to make a decision, up to three calendar days.
- Post-acute levels of care:
 - Seven calendar days from received date for the pre-service review.
 - One business day from received date of request for concurrent review.
- Pre-service planned admissions reviewed by MPA:
 - Standard pre-service (non-urgent): seven calendar days from the received date
 - Urgent pre-service: three calendar days from the received date

Inpatient UM (cont.)

Time frames to request reconsideration or peer-to-peer of denied services:

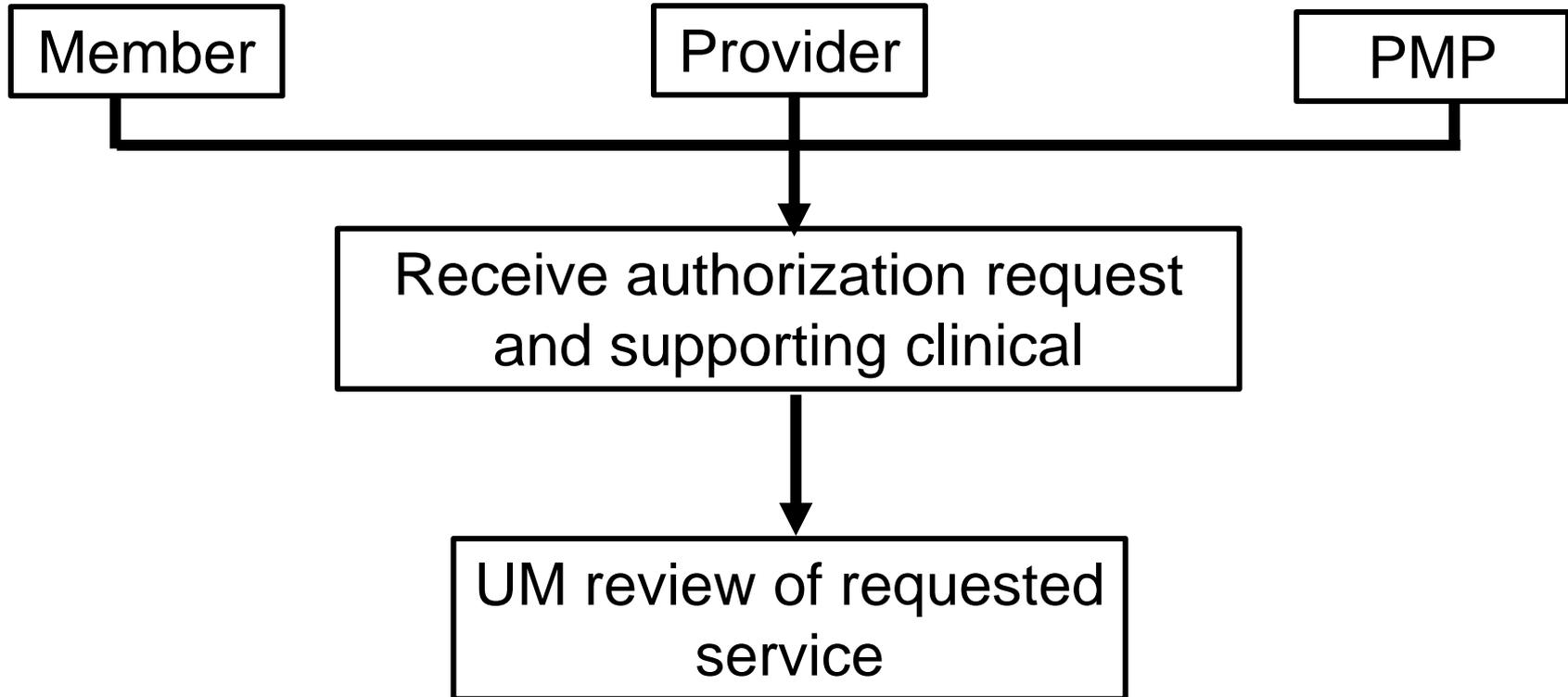
- Reconsideration: within seven business days of denial date
- P2P: within seven business days of a denial date (initial or reconsideration)
- Appeals: within 60 calendar days of denial date

Inpatient UM (cont.)

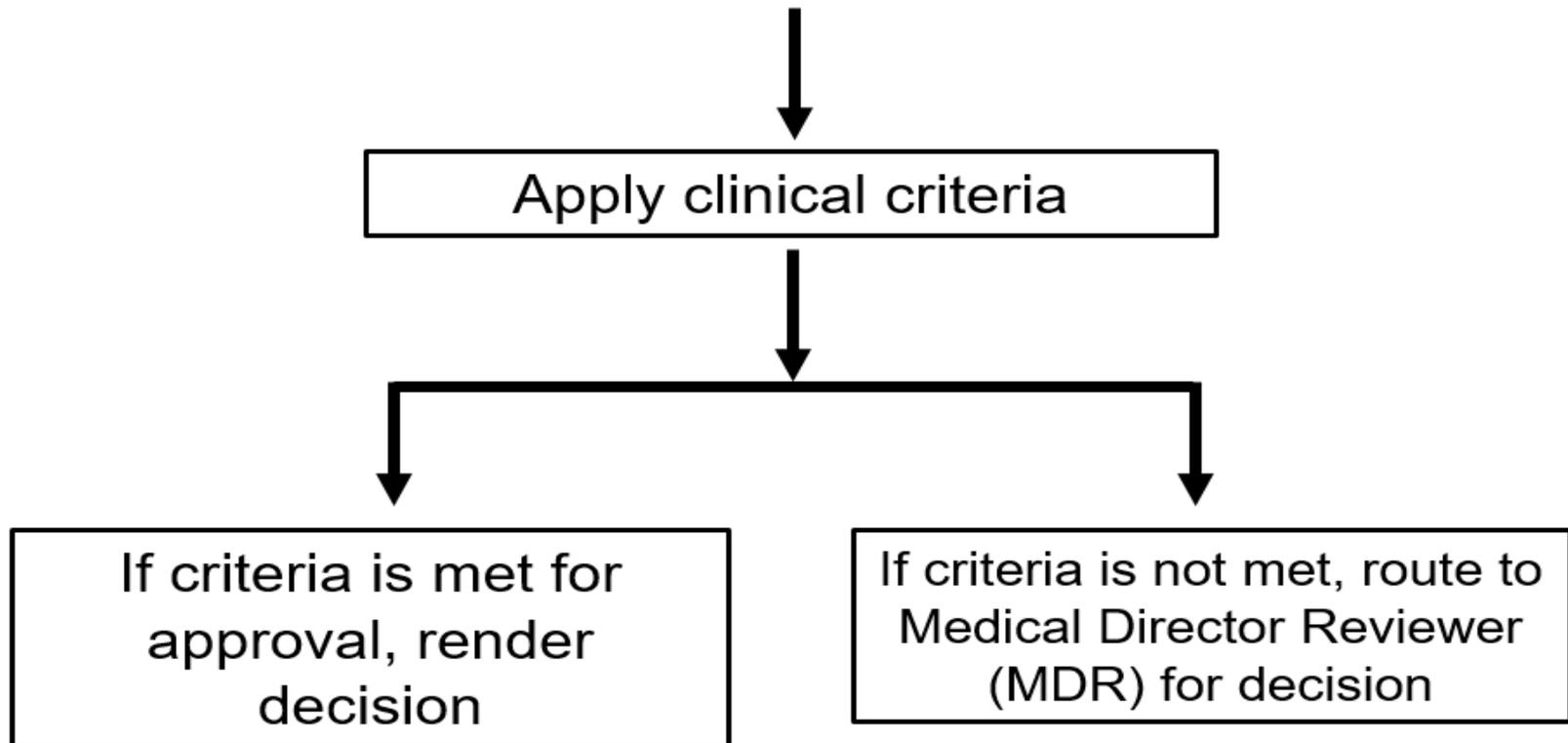
Submitting a prior authorization request and clinical:

- Providers may request prior authorization and submit clinical through the Interactive Care Reviewer (ICR) portal. ICR is accessible via Availity* at <https://www.availity.com>.
- Providers may call Anthem to request prior authorization for inpatient health services using the following phone numbers:
 - Hoosier Healthwise: **866-408-6132**
 - Healthy Indiana Plan: **844-533-1995**
 - Hoosier Care Connect: **844-284-1798**
- Fax *IHCP PA Form* and physical health inpatient clinical information to:
 - UM intake team: **866-406-2803**
 - Health plan inpatient: **844-765-5156**

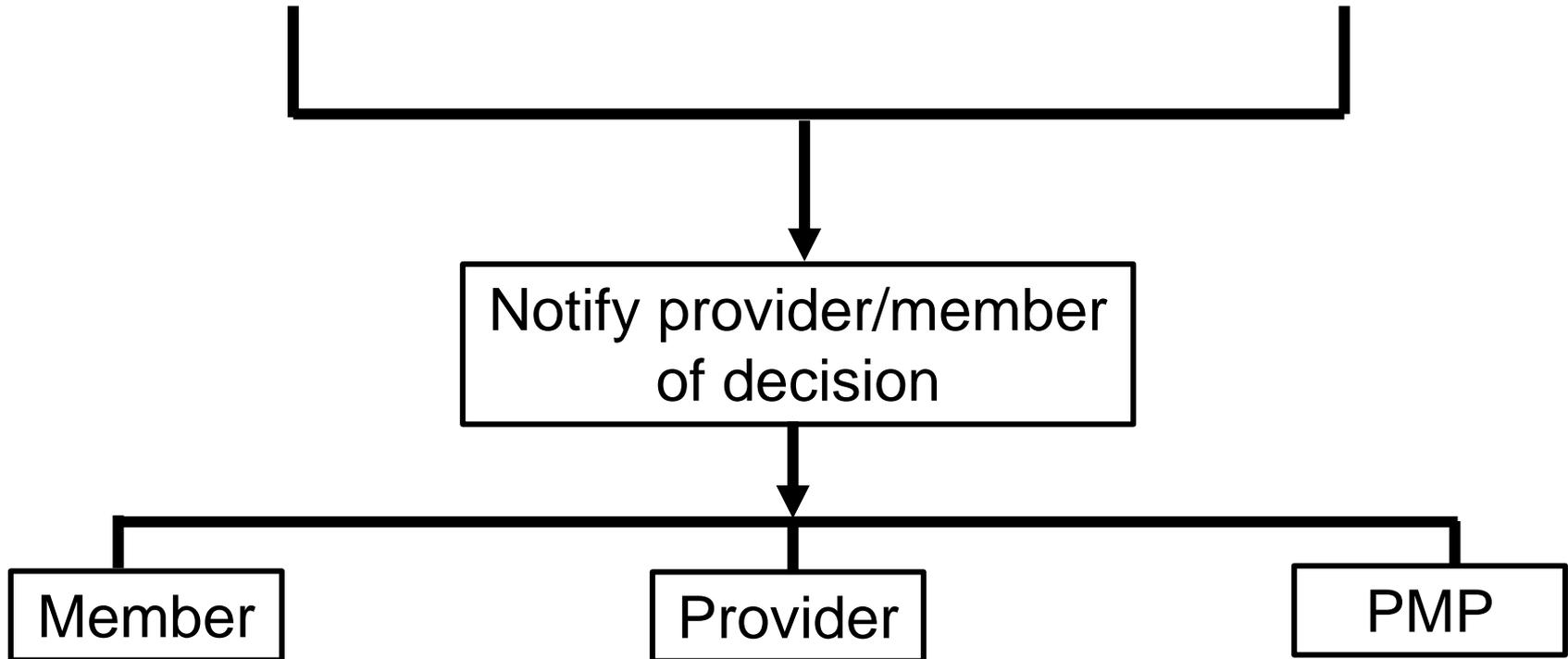
Inpatient UM workflow



Inpatient UM workflow (cont.)



Inpatient UM workflow (cont.)





**Behavioral health (BH)
UM**

Terms

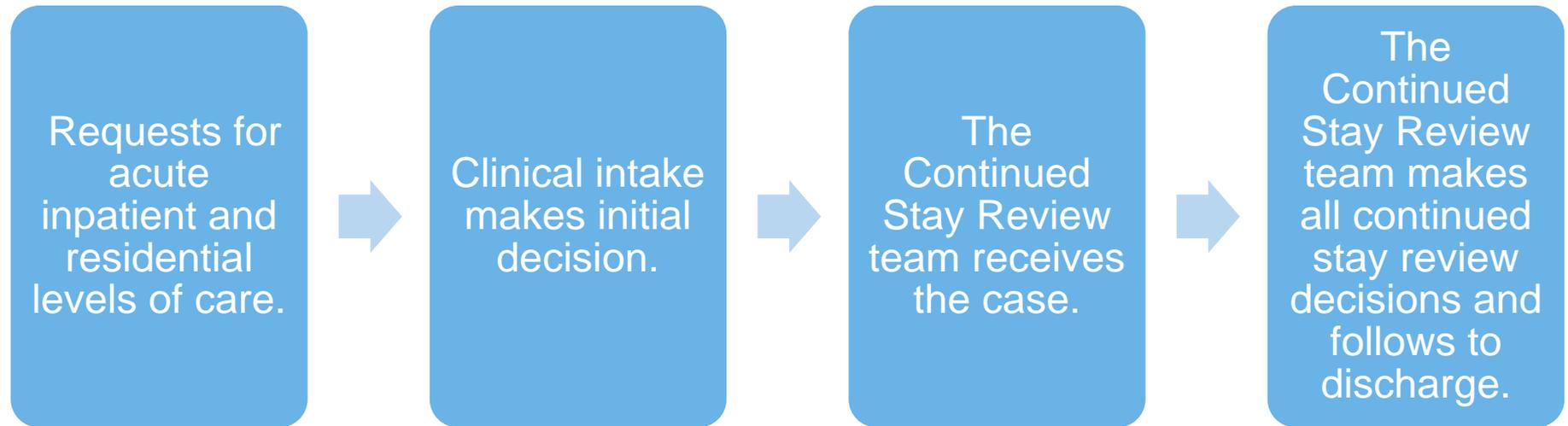
- **IOP** — Intensive outpatient services
- **PHP** — Partial hospitalization program
- **TMS** — Transcranial magnetic stimulation
- **ABA** — Applied behavioral analysis
- **SUD** — Substance use disorder
- **ECT** — Electroconvulsive therapy
- **OTP** — Opioid treatment program

BH UM team:

- Intake team:
 - Manager — Twanna Whitehurst
 - Clinicians
 - Non-clinical support

- Continued Stay Review team:
 - Manager — Holly Gregory and Amy McConnell
 - Team lead
 - Clinicians
 - Non-clinical support

BH UM workflow



BH UM workflow (cont.)

Requests for intensive outpatient services (IOP), partial hospitalization program (PHP), transcranial magnetic stimulation (TMS), traditional outpatient therapy.



The Continued Stay Review team makes initial and continued stay decisions and follows to discharge.

BH specialty teams

- Applied Behavioral Analysis (ABA) team:
 - Manager — Wes Underwood
 - Clinicians specializing in ABA
 - Non-clinical support staff
- Psych/Neuropsych Testing team:
 - Manager — Kayla Glover
 - Psychologists
 - Non-clinical support staff
- All requests go directly to specialty teams for initial review.

Cases reviewed by BH UM

- Current requests in which member is still programming:
 - Acute inpatient psych and detox
 - Residential SUD
 - IOP
 - PHP
 - TMS
 - ABA
 - Psych and neuropsych testing
 - Traditional outpatient therapy if out of network
 - Electroconvulsive therapy (ECT) if out-of-network
 - Opioid treatment program (OTP) if out-of-network

Submitting a request for authorization

- Please use the ICR to make requests for authorization for BH cases.
- The ICR has capability for BH to accept clinical for initial reviews, concurrent reviews, and discharges.
- The ICR will allow you to submit a request after the member has started programming/after the admit date.
- To use the ICR, go to <https://www.availity.com>.
- If unable to submit via ICR, you may fax requests:
 - **844-452-8074** for acute inpatient and residential requests
 - **844-456-2698** for IOP, PHP, TMS, ECT, OTP, ABA, psych testing, outpatient therapy

BH UM process

- BH cases are initially reviewed for medical necessity by BH Care Managers, who are licensed behavioral health clinicians.
- Decisions are made using state guidance and clinical guidelines including *Milliman Clinical Guidelines (MCG)* and *Anthem Clinical Guidelines*.
- For SUD cases, *American Society of Addiction Medicine (ASAM)* guidelines are also considered.
- If not enough supporting information has been supplied, care managers will outreach the UR department to request additional information.
- If unable to approve for medical necessity, care managers will forward the case to the Medical Director who reviews all clinical to date and makes a medical necessity determination.
- All medical necessity denial decisions are completed by a psychiatrist with the option for a peer to peer and/or appeal.

UM decision timeliness

- TAT applies to all levels of care and determines how quickly the UM team needs to make a decision.
- **TAT for initial requests for service are as follows:**
 - Acute inpatient, residential SUD, TMS — one business day, up to three calendar days
 - PHP — three calendar days
 - IOP — seven calendar days
 - Outpatient therapy, ABA, psych testing, ECT, OTP— seven calendar days
- **TAT for continued stay requests (after the initial approval) are as follows:**
 - All levels of care — one business day, up to three calendar days

UM request timeliness

Time frames:

- Two business days for higher levels of care.
- Seven calendar days for traditional outpatient therapy, ABA, psych and neuropsych testing.
- Reconsiderations: within seven business days of the date of denial
- Peer to peer: within seven business days of the date of denial
- Appeals: within 60 calendar days of the date of denial

Notification of UM decisions

- Notification of approval or denial will be sent via fax or portal, depending on which was used to make the request:
 - This notification is sent immediately, but if using fax, please allow time for fax transmission. Portal decisions are received in real time.
- Letters will be mailed out to the address on file for the facility, physician, and to the member:
 - These may take up to three days to arrive.

Questions about UM

If you have questions about UM decisions or the UM process:

- Call our Provider Helpline at the numbers below Monday through Friday 8 a.m. to 8 p.m. ET:
 - Hoosier Healthwise: **866-408-6132**
 - Healthy Indiana Plan: **844-533-1995**
 - Hoosier Care Connect: **844-284-1798**
- If you have additional questions, contact your Provider Experience representative.

Provider Experience

Physical health Provider Experience managers

- **Zone 1/Beacon Health Systems**
Jessi Earls
Jessica.Wilkerson-Earls@anthem.com
317-452-2568
- **Zone 2/Ascension St. Vincent**
Angelique Jones
Angelique.Jones@anthem.com
317-619-9241
- **Zone 3**
Jamaal Wade
Jamaal.WadeSr@anthem.com
317-409-7209
- **Zone 4/Deaconess**
Jonathan Hedrick
Jonathan.Hedrick@anthem.com
317-601-9474
- **Zone 5/Parkview**
David Tudor
David.Tudor@anthem.com
317-447-7008
- **Zone 6/IU Health; St. Joseph Regional Medical Health Center; Home Health and Hospice**
Matt Swingendorf
Matthew.Swingendorf@anthem.com
317-306-0077
- **Zone 7/Baptist Health**
Sophia Brown
Sophia.Brown@anthem.com
317-775-9528
- **Zone 8/Eskenazi**
Marvin Davis
Marvin.Davis@anthem.com
317-501-7251
- Zone 9/Out-of-state providers, Franciscan, Community Health Network**
Nicole Bouye
Nicole.Bouye@anthem.com
317-517-8862



Statewide behavioral health (BH) subject matter experts (SME)

Acute hospitals
Tish Jones, Provider Experience Manager
Latisha.Willoughby@anthem.com
317-617-9481

Community mental health centers/federally qualified health centers/rural health clinics
Matthew McGarry, Provider Experience Manager
Matthew.McGarry@anthem.com
463-202-3579

Substance use disorder (SUD)/Opioid treatment program (OTP)
Alisa Phillips, Provider Experience Manager, Sr.
Alisa.Phillips@anthem.com
317-618-2170

SME — SUD/OTP
Michele Weaver, Provider Experience Manager
Michele.Weaver@anthem.com
317-601-3031

Solo BH and applied behavior analysis providers

Zones 1, 2, 5, 6
Ashley Holmes
Ashley.Holmes@anthem.com
317-315-0623

Zones 3, 4, 7, 8
Whit'ney McTush
Whitney.McTush@anthem.com
317-519-1089

Questions





Serving Hoosier Healthwise, Healthy Indiana Plan
and Hoosier Care Connect

* AIM Specialty Health is an independent company providing some utilization review services on behalf of Anthem Blue Cross and Blue Shield. IngenioRx, Inc. is an independent company providing pharmacy benefit management services on behalf of Anthem Blue Cross and Blue Shield. Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield.

<https://providers.anthem.com/in>

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